

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

10748789

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
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36						
37						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63	1					
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74	1					
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83	1					
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91	1					
92		1				
93		1				
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	27					
TOTAL CLAIMS	31					